## Medical Marijuana Registry Hawaii State Department of Health

# **☑** Thank you

Registry Certificate #: Application Number: Received Date:

2014000010 48827 12/26/2014

#### **Record Details**

Pat Pat	ient	Informatio	<u>n</u>

**Name:** Date of Birth: Gender: First Lastname Male

ID #: State Issued:

HA123456 DRIVERS\_LICENSE Hawaii

**Expiration:** 12/12/2015

**Residential Address:** 

123 Aloha Way, Aiea, Oahu HI 96701

**Mailing Address:** 

SAME

Phone: Alt. Phone:

808808088

Email:

patrickehawaii@gmail.com

# **★** Caregiver Information

Name: Date of Birth: Gender:

Herfirst Herlast Female

ID #:ID Type:State Issued:Expiration:HA3456426256DRIVERS\_LICENSEHawaii12/12/2015

**Residential Address:** 

1234 Mahalo Lane, Honolulu, Oahu HI 96813

**Mailing Address:** 

SAME

Phone: Alt. Phone:

808808888

Email:

### Medical Information

**Medical Conditions:** 

Glaucoma,

Physician's Name:

**LANDIS LUM** 

Title:Medical License #:Expiration Date:MD564201/31/2016

**Controlled Substance #: Expiration Date:** E00530 03/31/2015

**Business Address:** 

201 Hamakua Drive, Kailua, Hawaii HI 96734

**Mailing Address:** 

SAME

**Phone:** Alt. Phone: 8084323400 808484888

Email:

doc@ehawaii.gov

### **Ø** Grow Site

# Controlled by:

Caregiver

#### Address:

1234 Mahalo Lane, Honolulu, Oahu HI 96813

Thank you for your submission.

Line	Description	Payment Type	Amount
1	New Record for First Lastname	Credit Card	\$38.50

Hawaii State Department of Health

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